

**THE UNITED REPUBLIC OF TANZANIA
PUBLIC SERVICE SOCIAL SECURITY FUND**

BEN.3



APPLICATION FOR INVALIDITY BENEFIT

(Made under regulation 20(4))

<p>Beneficiary's Coloured Photo</p>
--

To be submitted to the Fund before completing part G - I

WARNING:

Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence.

A. APPLICANT PARTICULARS

PSSSF/Employee Number		National ID	
Salutation (Please Tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
First Name			
Middle Name			
Surname			
Previous/Maiden Names ⁱ			
Permanent Address			
Date of Birth		Nationality	
Gender		Marital Status	
Mobile Number		E-mail Address	

B. MEMBERSHIP PARTICULARS

Date of First Appointment			
Name of Present Employer			
Address of the Employer			
Date of Joining the Scheme		Date of Retirement	
Date Contributions commenced		Last month of Contribution	
Salary at Retirement		Last month of Contribution	
Benefit Applied For (Please Tick)	<input type="checkbox"/> Statutory Retirement <input type="checkbox"/> Voluntary Retirement		

C. PREVIOUS CLAIMS

Have you ever applied for or been paid any benefit by the Fund? (Please Tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If the response in part C is 'YES', please state:

Type of Benefit		Date Paid	
Amount Paid		Other Comments	

A. LIST OF PREVIOUS EMPLOYERS

Name of the Employer	Start Date			End Date		
	Date	Month	Year	Date	Month	Year
1.						
2.						
3.						
4.						

B. DECLARATION BY A MEMBER OF DIRECT DEPOSIT

Payee names		[REDACTED]	
Account number: used in salary payment:		[REDACTED]	
Bank Name	[REDACTED]	Bank Branch	[REDACTED]

I declare that the bank account number and name were used in payment of my salary and allow my benefits to be deposited in the account. I also declare that all information given in this form are true and correct to the best of my knowledge and belief.

Right Thumb prints of the Applicant	[REDACTED]
-------------------------------------	------------

Signature	[REDACTED]	Date	[REDACTED]
-----------	------------	------	------------

C. DECLARATION BY THE EMPLOYER OF DIRECT DEPOSIT

I certify that employee [REDACTED] of PSSSF/Employee Number [REDACTED] has left employment from (date) [REDACTED] due to invalidity and bank account indicated in part E was used in payment of salary. I understand that the employee's benefit will be paid direct into that account. I also attach the documents indicated below to support the benefit claim.

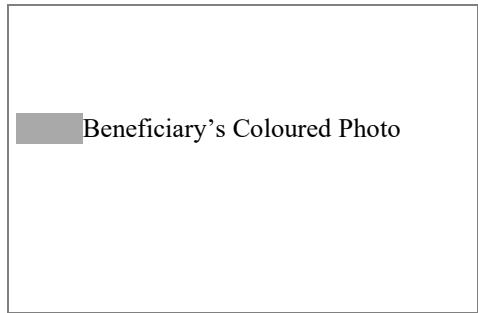
Documents Needed in Support of This Claim (Please Tick, if attached to this Application)

- Duly filled Application Form, BEN 3
- Letter of appointment
- Medical Certificate Form, BEN 5
- A certified copy of Medical Board Report
- A letter of notification of retirement from the employer
- Bank Statement certified by the payee's Bank that indicates at least one salary payment
- Recently salary slip
- Certified copy of National ID/ or Voter's ID or Driver's License
- Copy of last promotion letter certified by employer
- Totalization Notification Letter from a Member before any payment have been made (For a contributor of more than one Fund)

Name of Certifying Officer	[REDACTED]	Designation and ID	[REDACTED]
Signature	[REDACTED]	Date	[REDACTED]

Official Stamp	[REDACTED]
----------------	------------

A. CERTIFICATION BY THE APPLICANT'S BANK



(To Be Submitted to Bank by a Fund's Officer)
(Please Tick (v) or Cross (X) in the boxes as appropriate)

Account Details	<input type="checkbox"/> Account Name	<input type="checkbox"/> Account Number	<input type="checkbox"/> Photo
-----------------	---------------------------------------	---	--------------------------------

Account Status	<input type="checkbox"/> Active	<input type="checkbox"/> Dormant	<input type="checkbox"/> Closed
----------------	---------------------------------	----------------------------------	---------------------------------

If the name is NOT correct, write the correct name	<input type="text"/>
If the Photo is Correct, Stamp on the Photo above	<input type="text"/> (Stamp on the Photo)

Name of Certifying Officer	<input type="text"/>	Designation and ID	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

B. CERTIFICATION BY FUND'S OFFICER (*WHO SUBMITTED THE FORM TO THE BANK*)

Name of Certifying Officer	<input type="text"/>	Designation and ID	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

C. DECLARATION BY THE REGIONAL MANAGER

This is to certify thathas submitted benefit claims with all the supporting documents. The member's particulars and photo have been verified and represent those of the applicant.

Manager's Name	<input type="text"/>	Designation and ID	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Official Stamp	<input type="text"/>
----------------	----------------------